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**MEETING MINUTES**  
**STATE CONSUMER AND FAMILY ADVISORY COMMITTEE**

***September 8, 2011***

**Present:** Nancy Carey, Gladys Christian, Sue Guy, Cassandra Williams-Herbert, Marc Jacques, Laura Keeney, Mark Long, Carol Messina, Dennis Parnell, Sissy Perry, Paul Russ, Rosemary Weaver, Doug Wright, and Christina Tolbert.

**Absent:** Dave Bullins, Pamela Chevalier, Libby Jones, Ron Kendrick, and Carl Noyes

**Member Resignation:** Nancy Black,

**Staff Present:** Jim Jarrard, Stuart Berde, Cathy Kocian, Ken Marsh, Kathy Nichols, Eric Fox., Suzanne Thompson, Bill Scott, and Ging Fernandez..

**Guests Present:** Martha Brock, Bob Carey, Anna Cunningham, Kent Earnhardt, Fred Johnson, Dr. Mike Lancaster, Bill Messina, and Gerri Smith.

Presenter & Topic	Discussion	Action
<b>Welcome:</b> <b>Rosemary Weaver, SCFAC Chair</b>	<ul style="list-style-type: none"><li>• The meeting was called to order at 9:00 AM.</li><li>• Nancy Black resigned from SCFAC in order to focus on her newly developed school for youth with Aspergers. Rosemary asked SCFAC members who would like to be the new Budget Task Team Chair.</li><li>• The Following new SCFAC members were introduced:<ul style="list-style-type: none"><li>○ Sissy Perry</li><li>○ Christine Tolbert</li><li>○ Doug Wright</li><li>○ Cassandra Williams-Herbert</li><li>○ Marc Jacques</li><li>○ Dennis Parnell</li></ul></li></ul>	The agenda was approved.  The July 2011 minutes were approved with change.
<b>Public Comment/Issues</b>	<ul style="list-style-type: none"><li>• Ging Fernandez, DMH Staff, thanked the SCFAC members for their letter of support for the Screening, Brief Intervention, and Referral to Treatment (SBIRT) grant application. The state was recently notified that they were selected to receive \$8 million over the next 5 years to be used by CCNC's and CABHAs. Ging requested SCFAC support on the Policy Steering Committee to provide oversight.</li><li>• Martha Brock requested that SCFAC change their public comment time to the end of the meeting to allow comments on meeting discussion. In addition, she has concerns about the SCFAC appointment process and believes a change is needed. Martha stated it's a conflict of interest if the SCFAC member's allegiance is to the appointing bodies. Martha stated she would elaborate further in an email to SCFAC members.</li></ul>	
<b>Waiver Leadership Team</b> <b>Ken Marsh, and Kathy Nichols</b>	<ul style="list-style-type: none"><li>• Ken referenced Implementation Update #88 Selection of LMEs to Participate in the 1915 b/c Waiver The full update can be read at: <a href="http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/dmadmh7-26-">www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/dmadmh7-26-</a></li></ul>	

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[11specialupdate88final.pdf](#) )

- Based upon either the RFA Minimum Requirements and/or the RFA Desk Review requirements the three programs were asked to resubmit their RFA application to the state by 10/1/11 if they wish to remain in the RFA process: Centerpoint, Southeastern Center and Wake.
- The Durham Center was asked to submit a Plan of Correction within 45 days (by 9/15/11).
- Kathy Nichols stated that each entity that has been chosen to move forward will hold monthly implementation meetings. There has been CFAC participation and they have asked for Provider Network participation. Tentative LME/Managed Care Organization(MCO) start dates:
  - Phase I**
    - PBH
      - Alamance Caswell will join PBH in October 2011
      - 5 County will join PBH in January 2012
      - OPC will join PBH in April 2012
    - WHN will become a MCO in January 2012
    - ECBH will become a MCO in April 2012
  - Phase II**
    - Sandhills and Smoky Mountain will become MCOs in July 2012
  - Phase III**
    - The remaining LMEs will have the following implementation dates:
      - Mecklenburg is scheduled to become a MCO in January 2013
      - Pathways and Eastpointe become MCOs in January 2013
      - The DHHS will begin to assign unassigned catchment areas in January 2013, so they can complete this by July 2013.
- House Bill 916 required the Division to develop a Waiver Strategic Plan, which recently was distributed for public comment. The Division received 70+ pages of feedback from consumers, providers, stakeholders, professional guilds, and family members. The majority of feedback was in reference to Intellectual/Developmental Disabilities (I/DD). The draft is now being reviewed by DHHS.
- Kathy and Ken discussed two teams that are in the development stages:
  - *IMT: Intra-departmental Monitoring Teams*  
The IMT teams, one for each LME-MCO, are comprised of DMH/DD/SAS and DMA staff who meets monthly with representatives from their LME-MCOs to review progress.
  - *EMT: Executive Management Team*  
The Executive Management Team (EMT) will provide oversight for waiver implementation and will be responsible for approving any needed policy changes. It will be comprised of staff from DHHS,

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	<p style="text-align: center;">MCOs, and stakeholders.</p> <ul style="list-style-type: none"> <li>• Ken acknowledged that the Division is temporarily suspending the Leadership Waiver Team because they are developing a larger infrastructure based on the Strategic Waiver Plan. SCFAC will be asked to participate in the Executive Management Team.</li> <li>• Rosemary Weaver reiterated Secretary Cansler's concern that the local CFACs need to be very involved, and also inquired as to how they are being included in the implementation of the Waiver.</li> <li>• Kathy explained that the LMES implementing the Waiver in January 2012, with the exception of PBH, will use the same three b3 services: Peer Support Service (PSS), Respite, and Community Guide. Jim Jarrard stated that PSS can be used now with IPRS funds. SCFAC asked what a b3 service was and Kathy explained that there are two Waivers: <ul style="list-style-type: none"> <li>○ B waiver: closed provide network</li> <li>○ C waiver: Innovations for I/DD.</li> </ul> </li> </ul> <p>b3 services are accrued from the financial savings from people who are on the b waiver.</p>	<p>Cathy Kocian will send SCFAC members the list of Acronyms for reference.</p> <p>SCFAC members asked Ken Marsh to confirm which jobs can employ peer support specialists.</p>
<p><b>Discussion with Division Leadership Jim Jarrard</b></p>	<ul style="list-style-type: none"> <li>• Jim mentioned that Steve Jordan was in Washington, DC receiving training from National Association of State Mental Health Program Directors (NASMHPD).</li> <li>• The Adult Care Home issue is multifaceted and the Division is dealing with: <i>Institute of Mental Disease (IMD)</i> that states if there is more than 16 people in a facility and if 50% are MH and/or SA, the entire facility is identified as an IMD. Center for Medicare and Medicaid (CMS) has said that everyone in the home won't be eligible for Medicaid services and they can't be reimbursed. Today, there are about 50 Adult Care Homes that need to make changes if they meet the IMD definition. <ul style="list-style-type: none"> <li>○ The Division has identified CABHA providers to do the assessments who will then send their reports to the LME Medical Directors.</li> </ul> </li> </ul> <p>Another issue comes out of HB 677 where a team is constituted by the adult care home, if necessary, and involves DSS, DMH, and the adult care home to review the discharge process. If the individual is MH/SA then the responsibility is on the LME, and the others are the responsibility of DSS.</p> <ul style="list-style-type: none"> <li>• There are two court cases behind all this: <ol style="list-style-type: none"> <li>1. Olmstead Case (Georgia) - The state of Georgia agreed to bring housing for 1500 people so that they meet the Department of Justice (DOJ) standards.</li> <li>2. Patterson Case (New York) – the City of NY remodeled a large old hotel with individual rooms, and provided medical facilities and a place to eat. However, the DOJ said that the hotel was not an integrated setting.</li> </ol> </li> </ul>	

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	<ul style="list-style-type: none"> <li>• The state of NC would like supported housing, and want people to live in an integrated setting with least restrictions and be a part of the community. There are many questions unanswered right now. <ul style="list-style-type: none"> <li>○ Is it the responsibility of the state to provide housing?"</li> <li>○ Is housing a right?</li> <li>○ Does the ADA require states to provide housing so people have a place to live?</li> </ul> </li> <li>• Carol Messina inquired about Jim's background, and asked how he maintains his compassion for the work he does. Jim has a PhD in Theology and Certification in Pastoral Counseling. Jim participated in several Civil Rights events, and even marched with Dr. Martin Luther King.</li> <li>• Nancy Carey expressed her concern for not having received anything from the Attorney General on the PBH Non-Disclose Agreement as of today.</li> <li>• Christine Tolbert wanted to know if the providers are getting flu shots. According to Gladys Christian, Centerpoint provides flu shots and TB tests to the staff at the LME office. Marc Jacques stated that Wal-Mart was providing free flu shots to people with Medicaid and Medicare. Rosemary Weaver asked if there was any laws requiring providers to be drug tested, and Jim was not aware of any laws.</li> </ul>	
<b>NC CCNC</b> <b>Dr. Mike Lancaster</b>	<p>Dr. Lancaster continued his presentation from the July SCFAC meeting on <i>Behavioral Health Initiative: Integrated Care</i>.</p> <ul style="list-style-type: none"> <li>• Initial Focus <ul style="list-style-type: none"> <li>○ Navigating the MH/SA system</li> <li>○ Motivational Interviewing</li> <li>○ Generic prescribing in depression</li> <li>○ Other: <ul style="list-style-type: none"> <li>▪ Screening tools- prevention/early intervention</li> <li>▪ Pain management</li> <li>▪ Palliative care</li> </ul> </li> </ul> </li> <li>• Navigating the MH/DD/SAS System <ul style="list-style-type: none"> <li>○ Limited knowledge of available resources</li> <li>○ Limited knowledge of how to contact available resources</li> <li>○ Clarify use of crisis services for immediate support (eg: mobile crisis teams)</li> </ul> </li> <li>• Motivational Interviewing <ul style="list-style-type: none"> <li>○ Foundation for many behavioral health definitions</li> <li>○ Mental Health and Primary Care Physician Case Manager use the same Evidenced Based Best Practices in Mental Illness</li> <li>○ Goals: <ul style="list-style-type: none"> <li>▪ Medication adherence</li> <li>▪ Tobacco cessation</li> </ul> </li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>▪ Obesity</li> <li>• Generic Prescribing <ul style="list-style-type: none"> <li>○ Develop tools for Primary Care Physician decision making</li> <li>○ Academic Detailing using network psychiatrists</li> <li>○ Possible use of generic samples</li> <li>○ Limited ability for pharmacy PA in NC with Behavioral Health medications</li> <li>○ In NC, each 1% increase in generic utilization saves \$8-10 million.</li> </ul> </li> <li>• Generic Prescribing in Depression <ul style="list-style-type: none"> <li>○ 77% generic utilization in SSRI class (\$9.35 average cost of fill)</li> <li>○ 65% generic utilization all antidepressants classes</li> <li>○ SSRI utilization 23% Brand; 78% of cost (\$108 average cost of fill)</li> <li>○ Lexapro and Cymbalta in top 15 of costliest meds in Medicaid (9/15)</li> <li>○ In last month, \$1.9 million spent on drugs</li> </ul> </li> <li>• NC Division of Medical Assistance top 15 drugs by drug name-May 2010 <ul style="list-style-type: none"> <li>○ Abilify                      Seroquel                      Singulair</li> <li>○ Concerta                      Vyvanse                      Zyprexa</li> <li>○ Advair                      Dextroamphetamine                      Cymbalta</li> <li>○ Budesonide                      Geodon                      Lantus</li> <li>○ Nexium                      Lexapro                      Invega</li> </ul> </li> <li>• Quality Monitoring <ul style="list-style-type: none"> <li>○ Data Mining</li> <li>○ Informatics Center</li> <li>○ Pharmacy Home</li> </ul> </li> <li>• Compliance with Quality measures <ul style="list-style-type: none"> <li>○ Depression</li> <li>○ ADHD- 30-day follow up visit; continuity of medication adherence</li> <li>○ SA- use of Screening Brief Intervention and Referral to Treatment.</li> </ul> </li> <li>• Informatics Center <ul style="list-style-type: none"> <li>○ System Data</li> <li>○ Individual Point of Care Data</li> <li>○ Pharmacy Data</li> <li>○ Quality Outcome Data</li> </ul> </li> </ul>	
<b>Division of MH/DD/SAS Budget</b> <b>Bill Scott</b>	<ul style="list-style-type: none"> <li>• Bill Scott, Acting Chief Resource and Regulatory Management, distributed the Health and Human Services budget report. Today, the budget for the Division of MH/DD/SAS is \$1.3 billion dollars and is the 2<sup>nd</sup> largest budget in DHHS. However, four years ago, the budget was \$1.7 billion dollars so the DMH lost \$400 million dollars over the past four years.</li> <li>• The following reductions were discussed in the MH/DD/SAS budget: <ul style="list-style-type: none"> <li>○ Management Funding Reduction</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>○ Advocacy Positions</li> <li>○ Community Services Funds</li> <li>○ Child and Family Support Teams</li> <li>○ Community Services Funds</li> <li>○ Information Technology Reserve</li> <li>• The following reductions were discussed in the Division of Central Management and Support <ul style="list-style-type: none"> <li>○ Department wide Administrative Efficiencies</li> <li>○ Non-Profit Reductions</li> <li>○ NC Care Line</li> </ul> </li> <li>• The LME's fund balance earns interest and it is a local decision on how the counties use their fund balance. Rosemary Weaver asked about Maintenance of Effort and that's defined as <i>maintaining what you did before</i>.</li> <li>• Under the Division of Social Services, the following was clarified: <ul style="list-style-type: none"> <li>○ Child and Family Team Pilot Elimination</li> </ul> </li> <li>• Last, the \$90 million savings through CCNC was mentioned as a goal for this year and 2012-2013.</li> </ul>	
<b>SCFAC Fall/Winter Newsletter</b>	<ul style="list-style-type: none"> <li>• SCFAC members reviewed the draft copy of the newsletter. Rosemary requested that the SCFAC members approve the final version via email. She will work on the final articles and send out for approval.</li> </ul>	
<b>SCFAC Statute 122c-171</b>	<ul style="list-style-type: none"> <li>• Rosemary Weaver asked if the laws for boards and commission reimbursements would be changed if the SCFAC statute changed, but they are separate laws. The SCFAC is reimbursed in accordance to the state policy for Boards and Commissions. She expressed the need for SCFAC to meet monthly to get their work done. However, a few years back the Governor requested that all Boards and Commissions reduce their meetings to help with the budget.</li> <li>• The legislature can make changes to the statute and SCFAC can make recommendations to the legislature. The local CFACs can nominate people for SCFAC appointment. Plus, individuals can self-nominate for a SCFAC vacancy. The DHHS Secretary appoints individuals by disability. The remaining appointing authorities include the: House, Senate, NC Association of County Commissions, NC Council of Community Programs who all appoint 3 individuals each, one per Region (Western/Central/Eastern).</li> <li>• Stuart Berde suggested that language could be developed to require each appointing body to query their local CFACs and other advocacy groups for potential SCFAC appointments.</li> <li>• Rosemary reminded the SCFAC members that the SCFAC is self-governing and need to make recommendations as a body. The majority of members are in favor of keeping the SCFAC appointing process as written, and ask that the</li> </ul>	Cathy Kocian will research the appointment process for other Boards and Commissions.

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	appointing authorities contact their local CFACs for recommendations.	
<b>Task Team Updates</b>	<ul style="list-style-type: none"> <li>• Rosemary Weaver has asked Ron Kendrick if he would be the Budget Task Team Chair, but she had not received confirmation.</li> <li>• Rosemary asked the new members to review the task team spreadsheet and decide which workgroup they would like to work on. Generally, there is time in the afternoon on SCFAC meeting dates for people to work in their groups. The members will need to communicate via email or phone in the off months.</li> <li>• The SCFAC LCFAC Interface task team will hold their next conference call with the local CFACs on Wednesday, October 19, 2011 from 7-8pm. The focus of discussion will be the local CFAC statute.</li> </ul>	
<b>Division Workgroups</b>	<ul style="list-style-type: none"> <li>• The Division is seeking a SCFAC member to participate on the Executive Management Team (EMT).</li> <li>• The state received a Dual Eligible grant from CMS. They are requesting that a SCFAC member participate in the Statewide Partners group that meets in October. In addition, there will be several workgroups that are in need of dual eligible consumers (Medicare and Medicaid recipients). The dual eligible consumers will receive a \$30 stipend and mileage reimbursement. The following SCFAC members showed interest and Rosemary will email the information to all members: <ul style="list-style-type: none"> <li>○ Christine Tolbert</li> <li>○ Sissy Perry</li> <li>○ Marc Jacques</li> </ul> </li> </ul>	
<b>Next Meeting Date</b>	<ul style="list-style-type: none"> <li>• The next meeting is scheduled for November 10, 2011 from 9:00-3:00 P.M. The meeting will be held in the Four Sisters Room at the Clarion Hotel State Capital, 320 Hillsborough Street, Raleigh, N.C.</li> </ul>	
<b>November 2011 Meeting Agenda</b>	<ul style="list-style-type: none"> <li>• Approval of the Agenda</li> <li>• Approval of the September 2011 minutes</li> <li>• Public Comments/Issues</li> <li>• Discussion with Division Leadership</li> <li>• Waiver Review</li> <li>• SCFAC LCFAC conference call and statute discussions</li> <li>• Task Team Work Sessions</li> <li>• Task Team Update</li> <li>• January 2011 Agenda</li> </ul>	